

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521040

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16	1					
17		1				
18		2				
19		3				
20		4				
21		5				
22		6				
23		7				
24		8				
25		9				
26		10				
27		11				
28		12				
29		13				
30		14				
31		15				
32		16				
33		17				
34		18				
35		19				
36		20				
37		21				
38		22				
39		23				
40		24				
41		25				
42		26				
43		27				
44		28				
45		29				
46		30				
47		31				
48		32				
49		33				
50		34				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	24	←		←		←
TOTAL CLAIMS	28					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		2				
54		3				
55		4				
56		5				
57		6				
58		7				
59		8				
60		9				
61		10				
62		11				
63		12				
64		13				
65		14				
66		15				
67		16				
68		17				
69		18				
70		19				
71		20				
72		21				
73		22				
74		23				
75		24				
76		25				
77		26				
78		27				
79		28				
80		29				
81		30				
82		31				
83		32				
84		33				
85		34				
86		35				
87		36				
88		37				
89		38				
90		39				
91		40				
92		41				
93		42				
94		43				
95		44				
96		45				
97		46				
98		47				
99		48				
100		49				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						